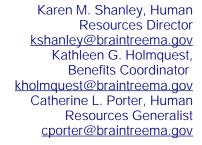
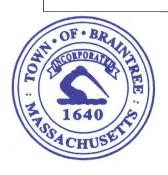
# BRAINTREE HUMAN RESOURCES DEPARTMENT





Joseph C. Sullivan, Mayor

Acknowledgement Form is true and accurate.

## Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizat	ions conducting CORI checks for employment, vol purposes.	unteer, subcontractor, licensing, and housing
	·	is registered under the
	(Organization)	<b>G</b>
	§ 172 to receive CORI for the purpose of screenings, volunteers, license applicants, current license	
rental or lease of housin	ent employee, subcontractor, volunteer, license a g, I understand that a CORI check will be submit provide permission to <u>the Town of Bra</u>	ted for my personal information to the DCJIS. I
say asımısını age anıa	(Organization	
	for my information to the DCJIS. This authoriza	tion is valid for one year from the date of my
signature. i may withurav	w this authorization at any time by providing	
with written notice of my	nitent to withdraw consent to a CORI check.	(Organization)
FOR EMPLOYMENT, VOLU	UNTEER, AND LICENSING PURPOSES ONLY:	
The	Town of Braintree	may conduct
	(Organization)	
Subsequent CORI checks	within one year of the date this Form was signed	· .
the		, must first provide me
	(Organization)	
with written notice of thi	s check.	
By signing below I prov	ide my consent to a CORI check and affirm tha	t the information provided on Page 2 of this

One JFK Memorial Drive, Braintree, MA 02184 Telephone: 781-794-8260 Fax: 781-794-8269

## THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

#### **Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS

Signature of CORI Subject

Date

### THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

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200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS

#### **SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (\*) are required fields.

First Name:	Middle Initial:
Last Name:	Suffix (Jr., Sr., etc.):
Former Last Name 1:	
Former Last Name 2:	
Former Last Name 3:	
Former Last Name 4:	
Date of Birth (MM/DD/YYYY):Place of Birth:	
Last <b>SIX</b> digits of Social Security Number:	☐ No Social Security Number
Sex:height:ftin. Eye Color:	Race:
Driver's License or ID Number:	State of Issue:
Father's Full Name:	
Mother's Full Name:	
Current Address	
Street Address:	
Apt. # or Suite: *City:	*State: *Zip:
FOR OFFICE USE ON SUBJECT VERIFICATION  The above information was verified by reviewing the following formation was verified by the following following formation was verified by the following following following foll	ION
Verified by:  Print Name of Verifying Employee	
Signature of Verifying Employee	